

SERFF Tracking Number: AENX-G127352932 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 49524  
 Company Tracking Number: AR032020100015  
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student  
 Product Name: 2010 REG- 2010 Autism (ALIC)  
 Project Name/Number: 2010 REG- 2010 Autism (ALIC)/AR032020100015

## Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2010 REG- 2010 Autism (ALIC) SERFF Tr Num: AENX- G127352932 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- Closed State Tr Num: 49524

Sub-TOI: H04.001 Student Co Tr Num: AR032020100015 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Author: SPI AetnaSPI Disposition Date: 09/09/2011

Date Submitted: 08/10/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 REG- 2010 Autism (ALIC)

Project Number: AR032020100015

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 09/09/2011

State Status Changed: 09/09/2011

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

The insert pages listed above are being submitted to comply with Arkansas statute 23-99-418 regarding autism spectrum disorders. The subject forms are new and do not replace any form(s) previously approved by your Department

## Company and Contact

### Filing Contact Information

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: SPI AetnaSPI

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John Ciesielski, Product and Regulatory CiesielskiJW@Aetna.com  
 Approvals Manager  
 151 Farmington Avenue 860-279-1282 [Phone]  
 Mail Stop RW61 860-952-2069 [FAX]  
 Hartford, CT 06156

**Filing Company Information**

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name: Aetna	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$20.00	08/10/2011	50529411
Aetna Life Insurance Company	\$80.00	08/16/2011	50663312

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/09/2011	09/09/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/16/2011	08/16/2011	SPI AetnaSPI	09/09/2011	09/09/2011

*SERFF Tracking Number:* AENX-G127352932      *State:* Arkansas  
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## **Disposition**

Disposition Date: 09/09/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-G127352932 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	cover letter, eov 2465, eov 2878, AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Basic Sickness = Autism Spectrum Disorder Expense Benefit	Approved-Closed	Yes
Form	Major Medical - Autism Spectrum Disorder Expense Benefit	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/16/2011

Submitted Date 08/16/2011

Respond By Date

Dear John Ciesielski,

This will acknowledge receipt of the captioned filing.

Objection 1

- Basic Sickness = Autism Spectrum Disorder Expense Benefit, GR-96134 [2465] ED 8-11 (Form)
- Major Medical - Autism Spectrum Disorder Expense Benefit, GR-96134 [2878] ED. 8-11 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$80.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/09/2011  
Submitted Date 09/09/2011

Dear Rosalind Minor,

### Comments:

Filing fees

### Response 1

Comments: additional fees submitted on 8/16/2011

### Related Objection 1

Applies To:

- Basic Sickness = Autism Spectrum Disorder Expense Benefit, GR-96134 [2465] ED 8-11 (Form)
- Major Medical - Autism Spectrum Disorder Expense Benefit, GR-96134 [2878] ED. 8-11 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$80.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let us know if you require additional information or materials with respect to this filing. Thanks.

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Jack Ciesielski  
845 279 1282

Sincerely,  
SPI AetnaSPI

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## Form Schedule

### Lead Form Number: GR-96134 [2465] ED 8-11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/09/2011	GR-96134 [2465] ED 8-11	Policy/Cont	Basic Sickness = ract/Fratern Autism Spectrum al Disorder Expense Certificate: Benefit Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	AL AR PSTUD00246 5 V001.PDF
Approved-Closed 09/09/2011	GR-96134 [2878] ED 8-11	Policy/Cont	Major Medical - ract/Fratern Autism Spectrum al Disorder Expense Certificate: Benefit Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	AL AR PSTUD00287 8 V001.PDF

[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 6 - COVERAGE (Continued)]

[BASIC SICKNESS EXPENSE BENEFIT]

**AUTISM SPECTRUM DISORDER EXPENSE BENEFIT**

**Covered Medical Expenses** include charges made by a **physician** for the services and supplies for the diagnosis and treatment, (including behavioral therapy and Applied Behavioral Analysis), of Autism Spectrum Disorder when ordered by a **physician** for Intensive-Level Services and Non-Intensive Level Services as described below. Autism Spectrum Disorder Expense Benefits are covered based upon the type of service or supply provided and the place where the service or supply is rendered.

Applied Behavioral Analysis is an educational service that is the process of applying interventions:

- That systematically change behavior; and
- That are responsible for the observable improvement in behavior.

[Autism Spectrum Disorder means one of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

- Autistic Disorder;
- Asperger's Syndrome; and
- Pervasive Developmental Disorder – Not Otherwise Specified]

[Coverage for Applied Behavioral Analysis for Autism Spectrum Disorders is subject to a **Policy Year** maximum benefit amount of \$50,000 and a lifetime maximum benefit amount of \$50,000.]

**Intensive-Level Services**

Coverage is provided for Intensive-Level Services if the following requirements are met:

- Treatment begins after two years of age and before 9 years of age;
- The **covered dependent** has a primary diagnosis of Autism Spectrum Disorder; and
- A treatment plan, developed by a **physician**, provides, on average, 20 hours or more of treatment per week.

[Coverage for Intensive-Level Services is subject to the **Policy Year** maximum benefit amount of \$50,000.]

“Intensive-Level Services” means evidence-based behavioral therapy that is designed to help a person with Autism Spectrum Disorder overcome the cognitive, social and behavioral deficits associated with that disorder.

**Non-Intensive Level Services**

For each **covered student** or **covered dependent** who has a primary diagnosis of Autism Spectrum Disorder, expenses for the treatment of Non-Intensive Level Services will be covered [up to the **Policy Year** maximum benefit amount of \$25,000].

“Non-Intensive Level Services” means evidence-based therapy that occurs after the completion of treatment with Intensive-Level Services that is designed to sustain and maximize gains made during treatment with Intensive- Level Services. For a person who has not and will not receive Intensive-Level Services, this means evidence-based therapy that will improve the person's condition.

Note: ALL SERVICES WILL BE CONSIDERED NON-INTENSIVE LEVEL SERVICES UNLESS A TREATMENT PLAN SUBMITTED TO AETNA BY A **PHYSICIAN** STATES OTHERWISE. INTENSIVE-LEVEL SERVICES MUST BE **PRECERTIFIED** BY AETNA.

[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 6 - COVERAGE (Continued)]

[MAJOR MEDICAL EXPENSE BENEFITS]

**AUTISM SPECTRUM DISORDER EXPENSE BENEFIT**

**Covered Medical Expenses** include charges made by a **physician** for the services and supplies for the diagnosis and treatment, (including behavioral therapy and Applied Behavioral Analysis), of Autism Spectrum Disorder when ordered by a **physician** for Intensive-Level Services and Non-Intensive Level Services as described below. Autism Spectrum Disorder Expense Benefits are covered based upon the type of service or supply provided and the place where the service or supply is rendered.

Applied Behavioral Analysis is an educational service that is the process of applying interventions:

- That systematically change behavior; and
- That are responsible for the observable improvement in behavior.

[Autism Spectrum Disorder means one of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

- Autistic Disorder;
- Asperger's Syndrome; and
- Pervasive Developmental Disorder – Not Otherwise Specified]

[Coverage for Applied Behavioral Analysis for Autism Spectrum Disorders is subject to a **Policy Year** maximum benefit amount of \$50,000 and a lifetime maximum benefit amount of \$50,000.]

**Intensive-Level Services**

Coverage is provided for Intensive-Level Services if the following requirements are met:

- Treatment begins after two years of age and before 9 years of age;
- The **covered dependent** has a primary diagnosis of Autism Spectrum Disorder; and
- A treatment plan, developed by a **physician**, provides, on average, 20 hours or more of treatment per week.

[Coverage for Intensive-Level Services is subject to the **Policy Year** maximum benefit amount of \$50,000.]

“Intensive-Level Services” means evidence-based behavioral therapy that is designed to help a person with Autism Spectrum Disorder overcome the cognitive, social and behavioral deficits associated with that disorder.

**Non-Intensive Level Services**

For each **covered student** or **covered dependent** who has a primary diagnosis of Autism Spectrum Disorder, expenses for the treatment of Non-Intensive Level Services will be covered [up to the **Policy Year** maximum benefit amount of \$25,000].

“Non-Intensive Level Services” means evidence-based therapy that occurs after the completion of treatment with Intensive-Level Services that is designed to sustain and maximize gains made during treatment with Intensive- Level Services. For a person who has not and will not receive Intensive-Level Services, this means evidence-based therapy that will improve the person's condition.

Note: ALL SERVICES WILL BE CONSIDERED NON-INTENSIVE LEVEL SERVICES UNLESS A TREATMENT PLAN SUBMITTED TO AETNA BY A **PHYSICIAN** STATES OTHERWISE. INTENSIVE-LEVEL SERVICES MUST BE **PRECERTIFIED** BY AETNA.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	09/09/2011
<b>Comments:</b> The insert pages will equal or exceed minimum readability scores when issued with policy		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	09/09/2011
<b>Bypass Reason:</b> not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	09/09/2011
<b>Bypass Reason:</b> not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> cover letter, eov 2465, eov 2878, AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	09/09/2011
<b>Comments:</b>		

**Attachments:**  
 ASH Cover Letter\_081011.PDF  
 AL AR EPSTUD02465 V001.PDF  
 AL AR EPSTUD02878 V001.PDF  
 AR - NAIC TRANSMITTAL DOCUMENT.PDF  
 AR - NAIC FORM FILING ATTACHMENT.PDF



**John W. Ciesielski**  
Product & Regulatory Approvals  
Law and Regulatory Affairs  
151 Farmington Ave, RW61  
Hartford, CT 06156  
(845) 279-1282  
Fax: (860) 952-2065  
Email: Ciesielskijw@aetna.com

August 10, 2011

Insurance Commissioner Jay Bradford  
Compliance - Life and Health  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Subject: Aetna Life Insurance Company NAIC No. 001-60054; FEIN: 06-6033492  
Blanket Student Accident and Sickness Insurance  
Policy Form: GR-96134, Insert Pages 2465 ED. 8-11, et. al.

Dear Commissioner:

On behalf of Aetna Life Insurance Company (Aetna), we are submitting for your review and approval the above referenced policy forms. The insert pages listed above are being submitted to comply with Arkansas statute 23-99-418 regarding autism spectrum disorders. The subject forms are new and do not replace any form(s) previously approved by your Department.

We intend to use the subject insert pages with Aetna's GR-96134 Blanket Student Accident and Health Insurance policy that was approved by your Department on February 11, 2003.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Sincerely,

A handwritten signature in black ink that reads "John W. Ciesielski".

John W Ciesielski  
Senior Consultant  
Product & Regulatory Affairs

Enclosure(s)

## **Explanation of Variability**

**GR-96134**

[2465]  
ED. 8-11

### **Basic Sickness Expense Benefit**

The **Autism Spectrum Disorder Expense** benefit coverage is based upon the type of service or supply provided and the place where the service or supply is rendered. The benefit covered percentage may change, may vary between preferred care and non-preferred care, but will never be less than 50%. The definition of Autism Spectrum Disorder may be revised in accordance with changes under the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The Applied Behavior Analysis for Autism Spectrum Disorders benefit maximum will never be less than \$50,000 per Policy Year or may be “unlimited.” The Applied Behavior Analysis for Autism Spectrum Disorder benefit maximum will never be less than \$50,000 or more than \$200,000 per lifetime basis.

## **Explanation of Variability**

**GR-96134**

[2878]  
ED. 8-11

### **Major Medical Expense Benefits**

The **Autism Spectrum Disorder Expense** benefit coverage is based upon the type of service or supply provided and the place where the service or supply is rendered. The benefit covered percentage may change, may vary between preferred care and non-preferred care, but will never be less than 50%. The definition of Autism Spectrum Disorder may be revised in accordance with changes under the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The Applied Behavior Analysis for Autism Spectrum Disorders benefit maximum will never be less than \$50,000 per Policy Year or may be “unlimited.” The Applied Behavior Analysis for Autism Spectrum Disorder benefit maximum will never be less than \$50,000 or more than \$200,000 per lifetime basis. .

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

5. Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	AR032020100015
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7. <input type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	H04 Health - Blanket Accident/Sickness
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10. Product Coding Matrix Filing Code	H04.001 Student
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11. Submitted Documents	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	<b>Filing Submission Date</b>	
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	
15.	<b>Filing Description:</b>	
	The insert pages listed above are being submitted to comply with Arkansas statute 23-99-418 regarding autism spectrum disorders. The subject forms are new and do not replace any form(s) previously approved by your Department	

16.	<b>Certification (If required)</b>	
<b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .		
Print Name	<u>John Ciesielski</u>	Product and Regulatory Approvals Title <u>Manager</u>
Signature	<u>John W Ciesielski</u>	Date <u>August 10, 2011</u>

<b>17.</b>	<b>Form Filing Attachment</b>
<b>This filing transmittal is part of company tracking number</b>	AR032020100015
<b>This filing corresponds to rate filing company tracking number</b>	

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01	Basic Sickness = Autism Spectrum Disorder Expense Benefit	GR-96134 [2465] ED 8-11	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02	Major Medical - Autism Spectrum Disorder Expense Benefit	GR-96134 [2878] ED. 8-11	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	